



Editorial

The "Silent Epidemic" Traumatic Brain Injury

Norman Goldstein MD

Gary Okamoto MD, MPH is the Medical Director of the Rehabilitation Hospital of the Pacific. He is also an Associate Clinical Professor of Medicine at the John A. Burns School of Medicine as well as Medical Director of the Department of Rehabilitation Services at the Queen's Medical Center.

In his very busy practice of physical medicine and rehabilitation (physiatry), his patient population includes those with physical and cognitive disabilities caused by stroke, spinal cord injury, amputation, cerebral palsy, paralytic polio and traumatic brain injury. When Dr Okamoto was asked to serve as Guest Editor for this Special Issue on Brain Injury, he received so many excellent manuscripts that we were planning to publish them in two issues. But, thanks to our many advertisers, we are able to offer this entire special issue under one cover.

Next month, look forward to another pain manuscript, "Cancer Pain Guidelines: Are They Being Used?" by Patricia Kalua, RN, member of the Pain Task Force convened by the Governor and directed by Dr Gary Okamoto.

**Norman Fetner
lost his leg, but didn't
lose his life.**



**He's fighting back with the
American Diabetes Association.**



Guest Editor

Gary Okamoto MD, MPH

Governor Ben Cayetano has proclaimed October 1998 as the *Prevent Traumatic Brain Injury and Family Violence-Induced Brain Injury Awareness Month*. To heighten the awareness of our physician readership, local experts have been invited to contribute a series of articles about traumatic brain injury (TBI) in Hawaii. In this special issue of the *HMJ*, these articles have been published, creating an awareness of effective social, behavioral, and cognitive strategies to help patients disabled by TBI.

One may legitimately ask "Why such attention to TBI, a clinical entity with only prevention as its cure and disability as its complication?" The answer may be found in thinking of TBI as fundamentally a "social disease." Consider the common predisposing factors such as family violence, alcoholism, drug abuse, motorcycling without helmet, unsafe ladders, and competitive sports. Each factor can be avoided or certainly modified.

At the other end of this social disease, understand that TBI can inflict permanent physical, cognitive, and behavioral disabilities that can be and are easily overlooked, ignored, or ineffectively managed by conventional medical models of service. These disabilities can consume an enormous amount of health and medical-related resources and account for the unspoken but hemorrhaging long-term costs of this high risk patient population in Hawaii. Thus, the attention over TBI as a social disease is driven largely by the real potential to prevent its occurrence and a socio-economic need to manage the irreversible effects of TBI with appropriate health services and outcomes.

Each contributor leaves us physicians with a challenge to do more and better for our patients disabled by traumatic brain injury. Faced with these challenges and prepared by new information found in this special issue of the *HMJ*, we are able to prescribe selective and specialized help for TBI-patients locally. Going one step further, we can join our patients and their families in making every month an awareness month for traumatic brain injury.

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